

191673467

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION			
.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>LAP</i>		<i>6-11-01</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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